

VSH Employees' Work Group
June 5, 2006 9:00 – 11:00

Minutes
(draft for review)

Next meeting: July 6, 1:00 to 3:00 Chapel Conference Room

Present: John Berard, Conor Casey, Keith Goslant, Anne Noonan, John O'Brien, Gail Rushford, Goldie Watson, Dena Weidman

Absent: Terry Rowe, Laura Deforge

Staff: Beth Tanzman and Judy Rosenstreich

Gail convened the meeting at 2:15 p.m. and reviewed the agenda.

Agenda

Check-in

Minutes

Announcements

Approval of revised option definitions

Identification of pros and cons

→Public comment

Preliminary assessment of options based on pros and cons

Agreements and plans for next meeting

Minutes

→ Keith moved / Conor seconded to approve the minutes of May 8, 2006.

Approved 7-0-1. John Berard abstained because he was not at the meeting.

Futures Update

Beth updated the work group on significant developments in the Futures planning process, including

- review of the clinical recommendations on bed capacity,
- analysis of inpatient program site options,
- sites for an inpatient program on the Fletcher Allen campus,
- the upcoming meeting of the Mental Health Joint Oversight Committee, and
- a process for informing and responding to the Burlington community---residents and neighbors of Fletcher Allen, city officials, representatives to the City Council, business leaders, and housing, health and human services organizations.

Other points of discussion and questions from group members concerned these topics:

- Beth: The Health Department plans to file a letter of intent for the CON process prior to the next meeting of the Mental Health Joint Oversight Committee.
- Conor: Will the Care Management Work Group take a formal vote on bed capacity?
 - o Beth explained that a recommendation from designated hospital and community mental health clinical leaders, probably in the form of a range, would provide a collective sense of what is the best number. A clinical consensus, a basis in the actuarial science, and our experience will enable the Advisory Committee to make a recommendation to the Secretary.
- The group questioned whether Fletcher Allen may have any thoughts regarding the use of staff from other areas of the hospital in the psychiatric program if staff shortages occur in psychiatry.
- The proposed inpatient program may be operated in conjunction with the existing 28-bed unit although the Shepardson building may not be able to accommodate the larger, combined program due to hospital standards for patient rooms, clinical and other regulatory considerations.

Draft Operating Assumptions

Before moving on to a discussion of the pro and con charts for each of the ten options under consideration, the group reviewed edits to the Operating Assumption language presented by Gail.

- Annie moved / Keith seconded to accept the changes to the Operating Assumptions. All were in favor.

Pros and Cons of Transition Models

Keith distributed the Pro/Con Options list and the group decided to proceed accordingly.

In the course of discussion, Annie commented that after completing this part of our work, the group should review the Futures Plan statement of objectives and the language in the Capital Bill.

The options list and pros/cons of each is detailed in a separate document that Gail will update based on the group's discussion. As the group is still working to clearly define the options, the list that follows represents a "work in progress" and not the final product. The number of options, the description of the options, the names of the options, and the definition of the options may change. The options under discussion are:

- Preference/Protected Status
- Preference Only
- Traditional (Private)
- Employee Bid
- Private Owner/Public Subsidy

- Public Workforce/Private Senior Management
- Public Senior Management/Private Function
- Private/Private
- Public Model/Change of Location
- Public/Private Partnership models

General Topic of Human Resources Planning

Keith offered that it would be in our interest to begin working on certain human resources planning initiatives that would help VSH staff regardless of what model of operations / licensure may govern a new inpatient program. Annie and Goldie expressed agreement with this approach.

Gail suggested that preparing people for different jobs, retirement issues, and other aspects of human resources planning is different work than what this work group is set up to do. Our task is to develop and recommend those options that will enable VSH staff to work in the new inpatient program.

Goldie offered that earning the necessary credentials required for employment in a hospital setting, citing certification as an LPN, is critical to helping VSH employees get hired by a new entity if state hospital employees are given preference in hiring. On another point, she voiced concern about preserving patients' access to Legal Aid services and to advocates.

General Discussion

There was a general give-and-take discussion about policy, program, and funding issues associated with the Futures Plan. No formal action was taken regarding these items.

- advantages of clinical integration of inpatient psychiatry services
- the notion of multiple 16-bed units at host hospitals as an alternative to one primary inpatient program co-located at Fletcher Allen
- the consequence---becoming an IMD---of a 32-bed or larger inpatient psychiatric program that is licensed as a hospital exceeding 50% of the average daily census of the hospital (as it would at Central Vermont Medical Center)
- the conditions that make a purely public option, a state-run and state-licensed inpatient psychiatric program, inconsistent with the Futures Plan unless, perhaps, the State built multiple 16-bed units, each equipped to operate independently

Wrap Up

Gail summarized the progress made in simplifying and clarifying the options and the pros/cons of each. She asked group members to think about the range of options and to list their top three choices. At the next meeting, the focus will be on prioritizing options.

The meeting adjourned at 4:10 p.m.

Submitted by: Judy Rosenstreich
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